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ABSTRACT

The concept of bibliotherapy covers both the normal activity of librarians in suggesting books to readers, and the therapeutic adjuvant in medicine and psychiatry where reading is used in diagnosis or other specific phases of therapy. Mental hospitals have been the prime locale for the practice of bibliotherapy in the United States and Europe, but public and school librarians have long practiced it as an unobtrusive form of counseling or guidance. The clients serviced by these types of libraries can be classified into two groups: (1) emotionally ill and (2) the normal individual who is facing a major life task. Bibliotherapy has utility with both groups. The role of the librarian is that of a book specialist with an informed layman's knowledge of human problems and psychology. This is sufficient for those working with normal clients, but in service to the emotionally ill the team approach--including the physician, psychiatrist, or counselor--is essential. The relationship of bibliotherapist to client is a delicate one. Personal maturity, wide knowledge of literature, and specific training in psychology are essential; anything less opens the client situation to possible coercion or abuse. (Author/SL)

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BIBLIOTHERAPY: TRENDS IN THE UNITED STATES

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The definition of "bibliotherapy" has been a concern of theerapy-oriented librarians in the United States throughout the last thirty years. The concepts of the field have evolved from the work of English instructors at college or secondary school level in their classroom guidance of young people, from the work of children's librarians, from the work of readers' advisers, and from the work of hospital librarians. Most of these persons are education-oriented rather than therapy-oriented, and for those with education orientation to the use of books in behalf of people "bibliotherapy" has a more gentle, diffused and benign connotation than for the therapy-oriented who see the selection of reading material to aid specific ills as a therapeutic adjuvant in medicine and psychiatry, with the reading used in diagnosis or other specific phases of therapy to enable predictable personal change.

Mildred Moody, in Bibliotherapy: Methods and Materials (1971), identified three acceptable definitions of bibliotherapy, two of which apply to programs for the ill and the third implying a normal and omni-present interaction with reading of creative literature. The extensions of the term "bibliotherapy" to programs using visual and audio-visual media, rather than print, has not yet taken place. Counselors, educators

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and therapists use motion picture film for purposes similar to the bibliotherapists' use of print, but the term has not been transferred and little communication among the two branches of use of media for therapy has taken place.

For the purposes of this paper, therefore, we will discuss bibliotherapy as a program of activity based on the interactive process of the user of print materials, whether creative or informational. We will consider it both as an activity precipitated by a librarian in normal work with the patient or reader as well as an activity prescribed by a physician or therapist working collaboratively with a librarian. We will not consider as bibliotherapy the role of the library as an oasis of normalcy in the institutional world, nor will we include in our definition the supportive personal interactions of librarians with patients, even when triggered by books. While both these latter aspects of library-patient relationships may be therapeutic, we reject them as bibliotherapy.

Agencies and Clients

Mental hospitals have been the prime locale for the practice of bibliotherapy in the United States as in European countries. Margaret Hannigan, Mildred Moody, Ruth Tews provided leadership in the development of bibliotherapy from their work with medical teams in hospital libraries. Correctional institutions have begun to offer the same kinds of opportunity for significant service in the context of a total environment. The functions of mental hospitals and prisons, however, are being de-institutionalized; community-based treatment and halfway houses are becoming the pattern, and the patients and inmates now returned to the community are using the regular services of the community agencies. If the benefits of bibliotherapy are to be maintained, public librarians must be prepared to

provide it. The work of the St. Andrews Hospital in Santa Clara, California, is now carried on by the Santa Clara Public Library and by Miss Clara Lack, who moved from the hospital staff to the public library staff with the closing of the hospital.

Bibliotherapy is not new to public libraries in the United States. Clara Luccioli of the Cleveland Public Library has seen her services to blind, ill elderly shut-ins as a phase of bibliotherapy, not as "therapeutic adjuvant" in a treatment program but as a normal interaction with reading. The public libraries' regular provision of "escape reading" or "respite reading" fulfills the function for many of maintaining normalcy within a pressured life, and readers make their own diagnoses and prescription of what books to read for the therapy needed!

School librarians some twenty years ago, and English teachers continuously, developed a bibliotherapeutic approach to counseling and guidance that was oblique and unobtrusive. Caroline Shrodes (1949) best represents the skillful, self-aware approach of the college English teacher to the growth needs of the normal adolescent through the use of books.

The clients served by these four types of library agencies can be usefully classified, for purposes of distinguishing levels of bibliotherapy, into the emotionally ill, abnormal, or deviant on the one hand and the normal persons who face normal life tasks of major importance and difficulty (such as aging or adolescent growth into independent adulthood). For the deviant or emotionally ill, bibliotherapy as a program capable of producing predictable change through reading and discussion of books holds real promise. For the normal facing of major life tasks, the provision of books that restore, console or lead to real solutions independently arrived at by the reader is an equally significant function of bibliotherapy.

Services and the Bibliotherapist

The major elements of bibliotherapeutic service includes book advice by the librarian, independent reading by the patient or client, and then discussion of what was read with either the therapist or the librarian or with a group of other patients or clients. For the ill client each of these stages is a clearly overt step; for the normal person facing a major life task, the book advice may be impersonally offered by an exhibit or reading list and the discussion may be with friends or strictly an "internal dialogue."

The role of the librarian is that of a book specialist with an informed layman's knowledge of human problems and human psychology. Bibliotherapy for the normal person facing a major life task may indeed be within the scope of such a librarian to perform skillfully. In serving the emotionally ill or deviant, however, the team approach -- including the physician, the psychiatrist, or the counsellor with the librarian -- is essential. The institution, whether hospital or prison, has offered development of team-based bibliotherapy. For the public librarian whose situation provides no ready-made "team," the community team approach of the librarian with ministers, doctors, mental health agency staff may provide the sound basis for procedure.

Literature and Research of Bibliotherapy

John Minson Galt II was the first American to write on the subject of bibliotherapy. A speech he delivered in 1848 was published in 1953 as an essay entitled, "On Reading, Recreation, and Amusements for the Insame." Although others agreed with Galt and began using books as treatments for the mentally ill, it wasn't until 1916 that the term "bibliotherapy" appeared. Samuel McChord Crothers introduced the term in an Atlantic Monthly article of 1916. By the 1930's a number of doctors and librarians wrote about the

therapeutic use of literature in medical settings. Most notable are Dr. William C. Menninger and Alice I. Bryan.

Despite the interesting early history of literature as therapy, the current field of bibliotherapy can actually be traced to a 1949 dissertation by Caroline Shrodes, a "theoretical and clinical-experimental study" developing a theory of bibliotherapy in relation to psychotherapy. Shrodes wrote, "The dynamic processes of the aesthetic experience correspond in both substance and function to the major phases of psychotherapy. This similarity of response to books and psychotherapy, permits the two techniques to interact with and facilitate each other to the mutual advantage of patient and therapist." Shrodes identified five emotional stages common to the aesthetic experience and to psychoanalysis: identification, transference, catharsis, insight, and the relation of self to others. By comparing psychiatric and artistic experiences, Shrodes offered the first intellectually satisfying explanation of bibliotherapy. As she stated: "Bibliotherapy... is a process of dynamic interaction between the personality of the reader and literature as a psychological field which may be utilized for personality assessment, adjustment and growth."

Shrodes also reported on a sample of college students used as case studies to exemplify her theory. They were given a battery of tests, an interview, and an autobiographical assignment, all of which were used by our experimenter to select individual readings for the students. Each pupil wrote detailed personal reactions to the readings--which were also discussed by the experimenter and the reader. Although Shroeds' case studies are not as well known as her theoretical structure, they are significant in that they set an example of research design which has been followed until very recently.

Lenrow and Heaton, like Shrodes, came to their perceptions in bibliotherapy through their work as English teachers at college or secondary school levels. Lenrow's bibliography in 1940 was the earliest major list of books categorized by life situation embodying specific emotional needs. Porterfield's Mirror, Mirror (1957) has become the classic in this field, with emotional needs as precise as "accusation" or as implicit in specific situation as "club foot" the basis for indexing of the reading material. The next important bibliography in the U.S. was The Veterans' Administration's, We Call It A Bibliotherapy: An Annotated Bibliography on Bibliotherapy and the Adult Hospital Patient; which appeared a decade later in 1967.

Meanwhile, the bibliotherapy nomenclature had been revised; in 1961, the word "bibliotherapy" was defined in the Websters Third New International Dictionary as "the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry; also--guidance in the solution of personal problems through directed reading."

In the same year, The American Library Association's Association of Hospital and Institution Libraries, established a bibliotherapy clearinghouse. The October, 1962 issue of Library Trends was devoted to articles on Bibliotherapy; the goal was to clarify the terminology and significance of bibliotherapy. A similar goal led to an ALA Workshop in 1964, as a base from which the Trends issue was used to further explore the potentials of the field.

Meanwhile, in 1963, an exemplary bibliotherapy program was conducted in New York. Margaret Hannigan and William Henderson conducted a bibliotherapy project with young drug addicts nearing parole from state prisons. Again, a case study approach was used to report the success of the program.

In 1965, Charles Whipple used a statistical evaluation of his bibliotherapy project in an Oklahoma juvenile reformatory. His bibliotherapeutic sessions were incorporated into a biology class setting. The goal was an increase in and mastery of, biology; according to pre-and post-testing, the goal was reached.

Five years later, another doctoral study of bibliotherapy employed the scientific method and showed statistically significant results. Harris McClaskey's 1970 research was on bibliotherapy with chronic emotionally disturbed patients. Seventy-three patients composed four experimental and two control groups which met three times weekly for 12 weeks. All subjects were thoroughly pre-and post-tested on behavior and attitudes. McClaskey found that using either didactic or creative literature as the basis for reading and discussion by chronic emotionally disturbed patients, bibliotherapy will effect significant behavioral change, but no significant attitudinal change. These results are most interesting and still are not completely understood.

Lesta N. Burt designed her doctoral research as a follow-up to McClaskey's negative findings on attitude change and reported her positive findings in 1972: Bibliotherapy: Effect of Group Reading and Discussion on Attitudes of Adult Inmates in Two Correctional Institutions. Sixteen men and women in two Wisconsin prisons participated in weekly bibliotherapy sessions. Sixteen others met in control groups for the same amount of time. As in the McClaskey study, all subjects were pre-and post-tested on their attitudes and beliefs. After three months of fiction and non-fiction book discussion in groups, Burt found a distinct change in behavioral attitude, with the experimental groups registered in a much less accepting attitude toward drug addiction and robbery in post-test than in pre-test,

and with significantly higher changes in this area than changes in the control group. It is interesting to note that no significant changes were found in attitudes toward concepts or persons.

Much more research is needed, both to answer those questions raised by McClaskey, Burt, and others, and to expand our knowledge of the method and rational's of bibliotherapy. Besides those medical specialists and librarians working in bibliotherapy, two new groups of interested persons should be mentioned. One is the Poetry Therapy Association (PTA), founded in 1959 at Cumberland Hospital, N.Y. PTA has a newsletter, an annual conference, and has spawned two books, edited by Jack Leedy, on Poetry Therapy. In addition, Indiana Northern University offers a Master's Degree in Poetry Therapy. A second related group, based in California, call themselves "literatherapists" and base their writings and an Extension course at the University of California, on psychotherapy, bibliotherapy and poetry therapy research. Michael Shiryon states that he chose the name "literatherapy" to "emphasize the literary-imaginative trend, rather than the merely informative-didactic approach, and also to present literatherapy as a bona fide, first-rate, method of psychotherapy, rather than a second-rate adjunct, patronizingly relegated to librarians." He is concerned about the issues of fiction vs non-fiction and scientific research vs case study which McCloskey and Burt have begun to research.

It is apparent that the goals and basic techniques of poetry therapy, literatherapy, and bibliotherapy are the same, that only the semantics and details are distinct. Therefore, The Association of Hospital and Institution Libraries (ALA) hopes to join together all who believe in the therapeutic value of literature so that accumulated experience and knowledge will best be communicated and utilized.

In the 1970's, publications on bibliotherapy have proliferated. Two worth noting are a collection of conference papers and a handbook. The first is entitled Reading Guidance and Bibliotherapy in Public, Hospital, and Institution Libraries, compiled by Margaret E. Monroe at the University of Wisconsin in 1971. The American Library Association published a basic guide to bibliotherapy which carries the title Bibliotherapy Methods and Materials. Many journal articles have also appeared recently and the number of University theses on bibliotherapy has increased.

Ethical Considerations

The relation of the librarian-bibliotherapist to the client is a delicate one, requiring the librarian to understand the personality or personal situation of the client with considerable clarity, and permitting the librarian to propose specific reading experience intrusions upon the vulnerable human being. That permission to propose a reading experience is premised on the librarian's delicacy and his/her perception, as well as on the wide book knowledge that ensures wise choices. In bibliotherapy, ignorance, clumsiness, or insensitivity are not only unfortunate, they are unethical! Personal maturity, wide knowledge of literature, specific education in human problems and psychology are essentials in the bibliotherapist; anything less opens the client situation to possible abuse.

In both correctional institutions and mental hospitals, any form of therapy runs the risk of becoming co-opted and use as a coercive force. A bibliotherapy program must remain free of controls by security staff and guided solely by therapy staff who must often shield the client from possible misunderstandings or misuses of the therapy.

The high sensitivity of our world society to human rights and to the privilege of the individual to be different, exemplified perphaps

at its most extreme by R. D. Laing in his Politics of Experience, prevents us from thinking of bibliotherapy as a method of social control. The librarian uses bibliotherapy rather as a form of guidance that opens choices and opportunities to clients to become fully and uniquely in charge of themselves and capable of dealing with society and the natural world. This perspective is a necessary guarantee that the librarian's service of bibliotherapy maintains the health and constructive growth of the client.

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